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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875									Application or Docket Number		
Vi Agended											
CLAIMS AS FIELD - PART I-									OTHER THAN OR SMALL ENTITY		
L	-22-04	(Co	(Column 1) (Column			,	SMALL	EMITT		SMALL	ENIT
	FOR	MAAR	MUMBER FILED NUM				RATE	FEE		RATE	FEE
BASIC FEE								OR .			
ŤΟ	IAL CLAIMS		50 mtm 50			1					
(37 OFR 1.16(c)) PROEPENDENT CLAIMS		50			Δ	l	<u> </u>		OR	× \$°	<u> </u>
(37 OFR 1.16(b))		<u> </u>	5 moustre		0		× 4		OR	× 8	0
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))							<u> • • • </u>		OR	<u> </u>	0
" If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL		OR	TOTAL	
CLAIMS AS AMENDED - PART II											
[(~15-06 (Cotumn 1)				(Column 2) (Column 3)			SMALL ENTITY		CR	OTHER THAN SMALL ENTITY	
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADOI- TIONAL FEE		PATE	ADDI- TIONAL FEE
3ME	Total gr on Lines	· 50	Minus	50	•		×3•		OR	× 8	. /
ENDM	Independent (37 CFR L 1806)	. 2	Minus	- 5	•	l	x 8 •		OR	× 8	
AME			1								
FIRST MESENTATION OF MALTIPLE DEPENDENT CLAIM (07 CFR L16(4))							+1		OR	<u> + 3 </u>	
_							TOTAL ADD'L FEE		CR	TOTAL ADDL FEE	
	2-14-	07				•			- 1		
_	•	CLADES		(Column 2)	(Cotumn 3)	1		,			
MENT B		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADOI- TIONAL - FEE		· RATE ·	ADOI- TIONAL - FEE
🚆	Total grown Limbs	50	Minus	- 50	. 0		x 6e	·	OR	×8	\mathbf{C}
	Independent (37 GFR 1.14(h))	• -	Ménus	" .5	. 0		x 8=		OR	X 8=	ð:
AME	FRET PRESENTATION OF MALTIPLE CEPENDENT CLAIM (D7 CFR 1.1860)								OR	+	
Programme or motives on choose come for one trough .						, ,	TOTAL			TOTAL	$\vdash \times \vdash$
·							ADD'L FEE		OR	ADO'L FEE	\Box
(Column 1) (Column 2) (Column 3)											
MTC		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ENDMENT	Total corora usano	*	Mirus	•	•		x s=		OR.	x 8•	
	Independent GF O'R LIRED	•	Mênus	***	•		x s =	•	OR	×8=	
AME											
									OR	TOTAL	
• • • • • • • • • • • • • • • • • • • •							ADD'L FEE		OR	ADD'L FEE	
* If the entry in column 1 is less than the entry in column 2, write "O" in column 3.											
١.	"I the "Hohest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".										

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "J".

The "Highest Number Previously Paid For" (Total or independent) is the highest number bound in the appropriate box in column 1.

This collection of Information is required by 37 CFR 1.16. The Information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiatly is governed by 35 U.3.C. 122 and 37 CFR 1.14. This collection is assimated to take 12 minutes to complete, including gathering, propering, and exhamiling the completed application form to the USPTO. There will vary depending upon the individual case. Any comments on the smount of time you require to complete the form and/or supperiors for reducing this burden, should be early to the Crief information Officer, U.S. Patient and Trademark Office, U.S. Department of Commission of Patients, P.O. Box 1450, Alexandria, VA 22313-1450, OO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.